

M e m o r a n d u m

C O N F I D E N T I A L

Date: June 20, 2009

To: Santa Rosa Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Santa Rosa Area

File No.: 360.14085.12145

Subject: AREA FOCUS: INJURY AND ILLNESS PREVENTION PROGRAM

An inspection of the Santa Rosa Area Injury and Illness Prevention Program (IIPP) was conducted on June 20, 2009, by Sergeant R. A. Barr #12145. The IIPP along with Annex A-H are current to date. The Area follows guidelines set forth in Occupational Safety Manual, HPM 10.6, and has a continuous training program in place.

An inspection of the Material Safety Data Sheets (MSDS) was conducted and found to be current to the products and materials stored at the Santa Rosa Area Office.



G. P. TRACEY, Lieutenant
Field Operations Officer

Safety, Service, and Security

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
INSPECTION CHECKLIST
 Chapter 7
 Command Illness and Injury Case Management

Command: <i>SANTA ROSA</i>	Division: <i>GOLDEN GATE</i>	Number:
Evaluated by: <i>SGT. EVANS</i>		Date: <i>6-1-09</i>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input checked="" type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:		
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Follow-up Inspection	Commander's Signature: _____ Date: _____	
For applicable policy, refer to: HPM 10.7				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: <i>SEE ATTACHED</i>

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22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: SEE ATTACHED
* 23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: SEE ATTACHED
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: SEE ATTACHED
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: SEE ATTACHED
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

* MANAGERS provide SUPERVISORS w/ 443 WHEN THEY KNOW A SUPERVISOR w/ ATTEND AN EMPLOYEE'S MED APPOINTMENT. SUPERVISORS ARE REMINDED TO HAVE THE EMPLOYEE give THE MED. PROVIDER A 443 IF SUPERVISOR IS UNABLE TO ATTEND APPOINTMENT. 443(S) HAVE BEEN SENT w/ CORRESPONDENCE TO MED. PROVIDERS AS NEEDED. (LZ)

REMARKS

7. The command does not maintain a current OSHA 300. They have been producing one at the end of the year.

9. There is no current OSHA 300.

10. There is no current OSHA 300.

11. The OSHA 300A was sent 17 days late to Division.

15. There were five exceptions where the CHP 121's were not completed in 24 hours.

16. There were seven exceptions where the CHP 121's were not signed by the command within three days of notification.

17. Unknown. There is no way to track the dates they were sent.

CLERICAL ADVISED
TO INDICATE DATE
SENT TO SCIF ON 121

18. There were four exceptions where the 121A's were not completed within 24 hours.

19. There were three exceptions where the employee had not signed the 121A's within 24 hours.

20. Only one exception was found.

21. Two exceptions were found.

22. There is no way to determine when the information was entered on the 442's. Clerical personnel indicated that they usually not able to enter the information within three days because they have not received it.

24. There were four exceptions.

25. The same four exceptions were noted as with the CHP 600's.

26. There was only one exception.